U. Selection	THE PROPERTY OF	and the state of
NO.	ロラグ語	ラグクマン
04	876	

Application or Docket Number

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
то	TAL CLAIMS		. 115	A			· [7]	PATE	FEE ::			&FEE,	
FO	3 ·		NUMBER	FILED	NUMB	ER EXTRA	84	SIC FEE	355.00		BASIC FEE	7,10,00	
ŢO	AL CHARGEA	BLE CLAIMS / minus 20=			. 2	8		X\$ 9=		OR	X\$18=	Sol.	
INDERENDENT CLAIMS 3 =						7		X40=		ÔR	X80 <u>=</u>		
MULTIPLE DEPENDENT CLAIM PRESENT								135=		OR	+270=		
If the difference in column 1 is less than zero, enter "0" in column 2							<u> </u>	OTAL	40.00	1	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
l-ò	COH:	(Column 1)		(Colu	mn 2)	(Column 3)	ຼີ s	MALL	ENTITY	OR.	SMALLE	NTITY	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		PREV		PRESENT EXTRA	4	ATE	ADDI: TIONAL FEE		AXE S	ADDI TIONAL FEE	
	Total	48	Minus	4	18	- 1		K\$ 9= :		OR	X\$18=		
	Independent ,	.2	Minus	***	3	-		X40≖		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIM	П,] [135=		OR.	4270 <u> </u>		
		Contraction of the last	and and any or his	in sequenties	Age of second	erren finisale	Acess	TOTAL		X	TOTAL		
		(Column 1)	i de la seguidada. Al como de la como de	(Coli	mn 2)	(Column 3)		DIT. FEE	40.00		ADOIT FEE	100	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	EST	PRESENT EXTRA		PATÉ	ADDI:// TIONAL FEE:		RATE	ADDI- TIONAL FEE	
₩Q.	Total	.26	Minus :	∡.∵ د	18_	=] [;	(\$ 9 =	N. S.	OR	X\$18=		
SEP.	Independent	. 2	Minus	•••	3	= -] [X40=		OR	X80=	7	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=	a seleja	OR	+270=		
				. :			. AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)			**	:		•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	•	Minus	**		= .	J [7	(\$ 9=	·	OR	X\$18=	ï	
	Independent	•	Minus	•••		-	↓ †;	X40=		OR	X80=		
ഥ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		J	135=			+270=		
	f the entry in colu	mn 1 is less than 1	the entry in col	umn 2, writ	te "0" in co	kumn 3.		TOTAL		OR	TOTAL		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE									ADDIT. FEE				
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

FORM PTO-875 (Rev. 8/00)